\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

	писто, р.а.то арртотов во о	Description			-		. ga		,		Cost	,		011101	Cov	erage		Convenience
			М		ype of Advantage	Plan					D	rug Deduc	tible		Type of A	Additional e Offered in verage Gap		
County	Organization Name	Plan Name	НМО	Local PPO	Regional PPO	Private Fee-for- Service		Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
BEAVERHEAD	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential			•			ŀ	\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•	ļ			\$70.80	\$40.58				•		ı	90	•
		MedicareBlue PPO Enhanced				ļ			\$84.02	_								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58				•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90							97	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•		1	•			97	•
	New West Medicare	New West Medicare		•					\$82.00	\$26.63	•		1	•	•		95	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3	1	$\vdash$		•	1 7	1	\$0.00	-			1	1				
		SecureHorizons Direct Premier Plan 200	1			•			\$85.00	-					1	†		
	Sterling Option I	Sterling Option I	<b>†</b>	$\vdash$		•	$\vdash$		\$9.00	-					<b>†</b>			
BIG HORN		MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58				•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58				•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025			<b></b>	•			\$0.00	\$0.00	•			•			97	•
	New West Medicare	New West Medicare		•					\$82.00	\$26.63	•			•	•		95	•
	Sterling Option I	Sterling Option I				•			\$9.00	-								
BLAINE	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential	<u> </u>		•	<u> </u>			\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1	Ь		•			ļ!	\$70.80	\$40.58				•			90	•
		MedicareBlue PPO Enhanced	<u> </u>		•				\$84.02	-					<u> </u>			
		MedicareBlue PPO Enhanced Plus Rx 1	—		•	<u> </u>		ļ!	\$124.60	\$40.58		•		•	<u> </u>		90	•
	Humana Ingurance Company	MedicareBlue PPO Enhanced Plus Rx 2	—		•	<u> </u>	$\bigsqcup$	<u> </u>	\$137.92	\$53.90			<b></b>		<u> </u>		97 97	•
-	Humana Insurance Company	Humana Gold Choice PFFS H1804-025	+	$\vdash$		•	+-	-	\$0.00 \$0.00	\$0.00	· •	<del>                                     </del>	+	•	+	<del></del> -	97	•
<del></del>	SecureHorizons Direct	SecureHorizons Direct Plan 3 SecureHorizons Direct Premier Plan 200	+	$\vdash$		•	+-	igwdapsilon		-		<b> </b>	<b>├</b>	<del> </del>	<del></del>	<b></b>		
<del></del>	Charling Option I		+	$\vdash$		•	+-	igwdapsilon	\$85.00	-		<b> </b>	<b>├</b>	<del> </del>	<del></del>	<b></b>		
BROADWATER	Sterling Option I  Blue Cross and Blue Shield of Montana	Sterling Option I  MedicareBlue PPO Essential				<u> </u>			\$9.00 \$30.22	-								
	and the second s	MedicareBlue PPO Essential Plus Rx 1							\$70.80	\$40.58							90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58							90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•						97	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	New West Medicare	New West Medicare		•					\$82.00	\$26.63	•			•	•		95	•
	Canada Insirana Disast	SecureHorizons Direct Plan 1	1	1 -		•	1 -	1	\$0.00	-	1	1	1		1			
	SecureHorizons Direct																	
	Sterling Option I	SecureHorizons Direct Premier Plan 200 Sterling Option I				·			\$85.00 \$9.00	- :								

\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

	ontracts/plans approved as o	Description					J		' ' '		Cost	-, -			Cov	erage		Convenience
			М		ype of Advantage	Plan					D	rug Deduc	tible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	НМО	Local PPO	Regional PPO	Private Fee-for- Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
CARBON	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1							\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2							\$137.92	\$53.90							97	ı . '
<b>†</b>	Humana Insurance Company	Humana Gold Choice PFFS H1804-025	1	1	†	•			\$0.00	\$0.00	•	1	<u> </u>	·	t -	<b>†</b>	97	·
	New West Medicare	New West Medicare							\$82.00	\$26.63	•	<b>1</b>		•			95	•
	Sterling Option I	Sterling Option I			1		1		\$9.00	φ20.00 -		1	1	<u> </u>				
CARTER	Blue Cross and Blue Shield of Montana								\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced							\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1							\$124.60	\$40.58							90	•
		MedicareBlue PPO Enhanced Plus Rx 2							\$137.92	\$53.90							97	'
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1				•			\$0.00	-					1			i
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
	Sterling Option I	Sterling Option I				•			\$9.00	-								
CASCADE	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential							\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02									
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•						97	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•	Ľ		•			97	•
	New West Medicare	New West Medicare		•					\$82.00	\$26.63	•			•	•		95	•
	Sterling Option I	Sterling Option I				•			\$9.00	-								
CHOUTEAU	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•		-		\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced	<u> </u>		•				\$84.02	-								<u> </u>
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025			ļ	•	<u> </u>		\$0.00	\$0.00	•	<u> </u>		•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4	1	<u> </u>	<u> </u>	•	<b></b>		\$25.00	-	<u> </u>	<del>                                     </del>				ļ		ļ!
	Chading Online I	SecureHorizons Direct Premier Plan 200	1	1	1	•	1		\$85.00	-	1	1	1		1	1		
	Sterling Option I	Sterling Option I	1	1	1	•	1		\$9.00	-	1		<u> </u>		1	1		

\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

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County   Organization Name			Description					3 -	-, -   -,		Cost	-,-			Cove	erage		Convenience
County   C			·	М			Plan				D	rug Deduc	tible		Type of Coverage	Additional Offered in		
MedicansBlue PPO Elemental Plus Rx 1	County	Organization Name	Plan Name	нмо			Fee-for-		Total Premium* (Including Drug	Drug	Zero	Reduced		Tiered Copay- ments for		and	Top 100 Drugs on	Mail Order Offered
Medicarefillus PPO Enhanced Pus Rx 1	CUSTER	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential			•			\$30.22	-								
MedicareBlue PPO Enhanced Plue Rx 1			MedicareBlue PPO Essential Plus Rx 1			•			\$70.80	\$40.58		•		•			90	•
Hamaria Insurance Company   Medicarefilius PPO Enhanced Plus Rx 2			MedicareBlue PPO Enhanced						\$84.02	-								
Humana Insurance Company   Humana Gold Choice PFR 91404-025   \$0.00			MedicareBlue PPO Enhanced Plus Rx 1			•			\$124.60	\$40.58		•					90	•
Humana Insurance Company   Humana Good Croice PFR H1804-025   \$0.00   \$0.00   \$0.00   \$77   \$			MedicareRlue PPO Enhanced Plus Ry 2						\$137 Q2	\$53.90							97	
SecurePrictores Direct		Humana Insurance Company					•				•							•
Sterling Option   Sterling O							•											
DANIELS   Blue Cross and Blue Shield of Montana   MedicareBlue PPO Essential										-								
MedicareBlue PPO Essential Plus Rx 1		Sterling Option I	Sterling Option I				•		\$9.00	-								
MedicareBlue PPO Enhanced   S84.02   S40.58   MedicareBlue PPO Enhanced Plus Rx 1   S124.60   S40.58	DANIELS	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential			•			\$30.22	-								
MedicareBlue PPO Enhanced Plus Rx 1			MedicareBlue PPO Essential Plus Rx 1			•			\$70.80	\$40.58		•		•			90	•
MedicareBlue PPO Enhanced Plus Rx 2			MedicareBlue PPO Enhanced			•			\$84.02	-								
Humana Insurance Company			MedicareBlue PPO Enhanced Plus Rx 1			•			\$124.60	\$40.58		•		•			90	•
Sterling Option   Sterling Option						•					•							•
DAWSON   Blue Cross and Blue Shield of Montana   MedicareBlue PPO Essential   .										\$0.00	•			•			97	•
MedicareBlue PPO Essential Plus Rx 1		Sterling Option I	Sterling Option I				•		\$9.00	-								
MedicareBlue PPO Enhanced	DAWSON	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential						\$30.22	-								
MedicareBlue PPO Enhanced Plus Rx 1			MedicareBlue PPO Essential Plus Rx 1			•			\$70.80	\$40.58		•		•			90	•
MedicareBlue PPO Enhanced Plus Rx 2			MedicareBlue PPO Enhanced			•			\$84.02	-								
Humana Insurance Company   Humana Gold Choice PFFS H1804-025			MedicareBlue PPO Enhanced Plus Rx 1			•			\$124.60	\$40.58		•		•			90	•
SecureHorizons Direct   SecureHorizons Direct Plan 1   SecureHorizons Direct Plan 200   SecureHorizons Direct Premier Plan 200   SecureHorizons Direct Plan 1   SecureHorizons Direct Premier Plan 200   SecureHorizons Direct Plan 1   SecureHorizons Direct Plan 1   SecureHorizons Direct Plan 1   SecureHorizons Direct Plan 200   SecureHorizons Direct Plan 4   SecureHorizons Direct Plan 200   Secu						•					•			•				•
SecureHorizons Direct Premier Plan 200   SecureHorizons Direct Plan 4   SecureHorizons Direct Plan 4   SecureHorizons Direct Premier Plan 200   SecureHorizons Direct Plan 4   SecureHorizons Direct Premier Plan 200   SecureHorizons Direct Plan 4   SecureHorizons Direct											•			•			97	•
Sterling Option   Sterling O		SecureHorizons Direct																
DEER LODGE   Blue Cross and Blue Shield of Montana   MedicareBlue PPO Essential   MedicareBlue PPO Essential   MedicareBlue PPO Essential   MedicareBlue PPO Essential   MedicareBlue PPO Enhanced   MedicareBlue PPO Enhanced   MedicareBlue PPO Enhanced   MedicareBlue PPO Enhanced   MedicareBlue PPO Enhanced Plus Rx 1   MedicareBlue PPO Enhanced Plus Rx 2   MedicareBlue PP		Sterling Option I																
MedicareBlue PPO Essential Plus Rx 1	DEER LODGE									_								
MedicareBlue PPO Enhanced         •         \$84.02         -         90           MedicareBlue PPO Enhanced Plus Rx 1         •         \$124.60         \$40.58         •         90         •           MedicareBlue PPO Enhanced Plus Rx 2         •         \$137.92         \$53.90         •         97         •           Humana Insurance Company         Humana Gold Choice PFFS H1804-025         •         \$0.00         \$0.00         •         97         •           SecureHorizons Direct         SecureHorizons Direct Plan 4         •         \$25.00         - <td< td=""><td></td><td>- I I I I I I I I I I I I I I I I I I I</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>\$40.58</td><td></td><td></td><td></td><td></td><td></td><td></td><td>90</td><td>•</td></td<>		- I I I I I I I I I I I I I I I I I I I								\$40.58							90	•
MedicareBlue PPO Enhanced Plus Rx 2   •   \$137.92 \$53.90 •   •   97   •										-								
Humana Insurance Company			MedicareBlue PPO Enhanced Plus Rx 1						\$124.60	\$40.58							90	•
SecureHorizons Direct         SecureHorizons Direct Plan 4         •         \$25.00         -           SecureHorizons Direct Premier Plan 200         •         \$85.00         -																		•
SecureHorizons Direct Premier Plan 200   • \$85.00 -				1	ļ			<u> </u>			•			•	ļ		97	•
		Securemorizons Direct		1	-			1							-			
1		Sterling Option I	Sterling Option I	1			<del>                                     </del>	<u> </u>	\$9.00	-				1	1			

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inolades ee	Titradis, piaris approved as e	Description	4 0000	3 1101 1	CHOOLI	7102 0	rgain	izatio	no, employ		Cost	110, 01 11	1001 00	ot i idilo.	Cove	erage		Convenience
		- Coonspirent														Additional		CONVENIONOS
			М		ype of Advantage	Plan					D	rug Deduct	ible		Coverage	Offered in erage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service		Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
FALLON	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential							\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1							\$70.80	\$40.58		•		•			90	
		MedicareBlue PPO Enhanced							\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1							\$124.60	\$40.58		•		•			90	
		MedicareBlue PPO Enhanced Plus Rx 2							\$137.92	\$53.90	•			•			97	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	Sterling Option I	Sterling Option I				· •			\$9.00	<del>-</del> -								
FERGUS	Blue Cross and Blue Shield of Montana				•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	Humana Insurance Company SecureHorizons Direct	Humana Gold Choice PFFS H1804-025 SecureHorizons Direct Plan 1		-		•			\$0.00 \$0.00	\$0.00	•			•			97	•
	Securemonizons Direct	SecureHorizons Direct Premier Plan 200				<b>:</b>			\$85.00	-								
	Sterling Option I	Sterling Option I				•			\$9.00	-								
FLATHEAD	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential							\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1							\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced							\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1							\$124.60	\$40.58				•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2							\$137.92	\$53.90							97	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	New West Medicare SecureHorizons Direct	New West Medicare SecureHorizons Direct Plan 3		•					\$82.00 \$0.00	\$26.63	•			•	•		95	•
	Securemonzons Direct	SecureHorizons Direct Premier Plan 200				<u> </u>			\$85.00	-								
	Sterling Option I	Sterling Option I				•			\$9.00	-								
GALLATIN	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1							\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced							\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
	ļ	MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	Humana Insurance Company New West Medicare	Humana Gold Choice PFFS H1804-025 New West Medicare		•	-	•	$\vdash$	-	\$0.00 \$82.00	\$0.00 \$26.63	•			•	•		97 95	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4		Ť	<del>                                     </del>	•	$\vdash$	l	\$25.00	\$20.03	<u> </u>	1	1	•	<u> </u>		<i>5</i> 0	
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
	Sterling Option I	Sterling Option I				•			\$9.00	-								<u> </u>

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morades com	tradis/plans approved as c	Description	4 4000	3 1101 1	CHOOLI	7102 0	igan	ızatıo	no, employ		Cost	110, 01 11	1001 00	l lano.	Cove	erage		Convenience
		·	М		ype of Advantage	Plan					D	rug Deduct	ible		Type of Coverage	Additional Offered in verage Gap		
County	Organization Name	Pian Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
GARFIELD	Blue Cross and Blue Shield of Montana								\$30.22				(4233)		,		,	
OAKI ILLD	blue cross and blue chiefe of Workana	MedicareBlue PPO Essential Plus Rx 1							\$70.80	\$40.58		•					90	•
		MedicareBlue PPO Enhanced							\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1		ļ		•			\$0.00	-				<b>.</b>				
	Out the Continue I	SecureHorizons Direct Premier Plan 200	<u> </u>			•			\$85.00	-					<u> </u>			
	Sterling Option I	Sterling Option I				•			\$9.00	-					1			
GLACIER	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	Sterling Option I	Sterling Option I				•			\$9.00	-								
GOLDEN VALLEY	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential							\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90				•			97	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	Sterling Option I	Sterling Option I				•			\$9.00	-								
GRANITE	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58							90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•					90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•						97	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	New West Medicare	New West Medicare		•					\$82.00	\$26.63	•			•	•		95	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3		ļ		•			\$0.00	-					ļ			
l	Cteding Ontion I	SecureHorizons Direct Premier Plan 200		<b>!</b>		•			\$85.00 \$9.00	-				1	1			
L	Sterling Option I	Sterling Option I	<u> </u>		1	•			\$9.00	-	1	1	l	l	<u> </u>	1		

\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

morades cor	Titradio/piario approved do e	Description	4 0000	3 1100 1	CHOOLI	7.02 0	rgan	izatio	lio, ciripioy		Cost	110, 01 1	1001 00	ot i idiio.	Cov	erage		Convenience
			M		ype of Advantage	Plan					С	rug Deduc	tible		Type of Coverage	Additional e Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
HILL	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1							\$70.80	\$40.58							90	
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58				•			90	•
	Humana Insurance Company	MedicareBlue PPO Enhanced Plus Rx 2 Humana Gold Choice PFFS H1804-025							\$137.92 \$0.00	\$53.90 \$0.00							97 97	
	SecureHorizons Direct	SecureHorizons Direct Plan 4							\$25.00	φυ.υυ -	<u> </u>			<u> </u>			91	<u> </u>
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
	Sterling Option I	Sterling Option I				•			\$9.00	-								<u> </u>
JEFFERSON	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•					90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
		Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	New West Medicare SecureHorizons Direct	New West Medicare SecureHorizons Direct Plan 2		•			-		\$82.00 \$0.00	\$26.63	•			•	•		95	•
	Securer forizons bliect	SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
	Sterling Option I	Sterling Option I				•			\$9.00	-								
JUDITH BASIN	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential							\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58							90	
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90				•			97	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1				•			\$0.00	-								
	Sterling Option I	SecureHorizons Direct Premier Plan 200 Sterling Option I				•			\$85.00 \$9.00	-				1				<del>                                     </del>
LAKE	Blue Cross and Blue Shield of Montana								\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58							90	•
		MedicareBlue PPO Enhanced							\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58							90	
	Humana Insurance Company	MedicareBlue PPO Enhanced Plus Rx 2 Humana Gold Choice PFFS H1804-025			•				\$137.92 \$0.00	\$53.90 \$0.00							97 97	
-	New West Medicare	New West Medicare	<del>                                     </del>		-	<b>⊢•</b>	1	<del>                                     </del>	\$82.00	\$0.00	:	1	-	:		}	97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4	<b>†</b>			•	<u> </u>		\$25.00	φ20.03 -	<u> </u>	1	1	<del></del>	T -	1	33	<del></del>
		SecureHorizons Direct Premier Plan 100				•			\$95.00	-								
	Sterling Option I	Sterling Option I				•			\$9.00	-								

\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

	асто, р.ае арр. е теа ае е	Description			0001		. 9		,		Cost	,		011101	Cove	erage		Convenience
			М	Type of Medicare Advantage Plan							D	rug Deduc	tible		Coverage	Additional Offered in erage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service		Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
LEWIS AND CLARK	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential							\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58				•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90				•			97	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025							\$0.00	\$0.00				•			97	•
	New West Medicare	New West Medicare							\$82.00	\$26.63	•			•	•		95	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
	Sterling Option I	Sterling Option I				•			\$9.00	-								
LIBERTY	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58				•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58				•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2							\$137.92	\$53.90	•			•			97	•
	Humana Insurance Company Sterling Option I	Humana Gold Choice PFFS H1804-025 Sterling Option I				•			\$0.00 \$9.00	\$0.00	•			•			97	•
LINCOLN	Blue Cross and Blue Shield of Montana				•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58				•			90	•
	Humana Insurance Company	MedicareBlue PPO Enhanced Plus Rx 2 Humana Gold Choice PFFS H1804-025			•	•			\$137.92 \$0.00	\$53.90 \$0.00	•			•			97 97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1 SecureHorizons Direct Premier Plan 200				•			\$0.00 \$85.00	-	_	_						
	Sterling Option I	Sterling Option I							\$9.00	-								

\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

											Cost					erage		Convenience
			M		ype of Advantage	Plan					D	rug Deduc	iible		Coverage	Additional Offered in erage Gap		
County	Organization Name	Plan Name	НМО	Local PPO	Regional PPO	Private Fee-for- Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
MADISON	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58				•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58				•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90							97	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			\$25.00	-								
	Sterling Option I	SecureHorizons Direct Premier Plan 100 Sterling Option I	<b> </b>			•	<del>                                     </del>		\$95.00 \$9.00	-								
	Sterling Option I	Sterling Option I				·			\$9.00	-								
MCCONE	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
		Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1 SecureHorizons Direct Premier Plan 200				•	<u> </u>		\$0.00 \$85.00	-								
	Sterling Option I	Sterling Option I				•			\$9.00	-								
MEAGHER	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•					90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58				•			90	•
	III.	MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90				:			97	•
<del></del>	Humana Insurance Company SecureHorizons Direct	Humana Gold Choice PFFS H1804-025 SecureHorizons Direct Plan 1	<del>                                     </del>			•	-		\$0.00 \$0.00	\$0.00	•			•			97	•
	Occure inizona bilett	SecureHorizons Direct Premier Plan 200	1			•	$\vdash$		\$85.00	-								
	Sterling Option I	Sterling Option I				•			\$9.00	-								
MINERAL	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential							\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58				•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58				•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90				•			97	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	New West Medicare	New West Medicare Sterling Option I	<u> </u>	•			<u> </u>		\$82.00 \$9.00	\$26.63	•		l	•	•		95	•

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description									Cost				Cov	erage		Convenience
			М		ype of Advantage	Plan					D	rug Deduc	tible		Coverage	Additional e Offered in verage Gap		
County	Organization Name	Plan Name	НМО		Regional PPO	Private Fee-for- Service		Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
MISSOULA	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced							\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2							\$137.92	\$53.90							97	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025	1	1		•	1	1	\$0.00	\$0.00	•	1		•	1	1	97	•
	New West Medicare	New West Medicare							\$82.00	\$26.63	•	l	İ	•			95	•
	Sterling Option I	Sterling Option I				•			\$9.00	-		ì				ì		
	Sterling Partners - Montana	Sterling Partners- Montana				•			\$36.00	\$36.00		•		•		1	95	•
MUSSELSHELL		MedicareBlue PPO Essential							\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90				•			97	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	Sterling Option I	Sterling Option I				•			\$9.00	-								<b></b>
PARK	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential			•				\$30.22	-								<u> </u>
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								<b></b>
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2							\$137.92	\$53.90							97	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025			<del>                                     </del>				\$0.00	\$0.00	•			•	<b>+</b>		97	•
	New West Medicare	New West Medicare		•					\$82.00	\$26.63	•			•	•	1	95	•
	Sterling Option I	Sterling Option I	<del>                                     </del>	<del>t i</del>	<b>†</b>				\$9.00	ψ20.03 -	<u> </u>	<del>                                     </del>	1	⊢ -	<u> </u>	<b>†</b>	55	<u>_</u>
PETROLEUM		MedicareBlue PPO Essential							\$30.22	_								
		MedicareBlue PPO Essential Plus Rx 1							\$70.80	\$40.58		•					90	•
		MedicareBlue PPO Enhanced							\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
	_	MedicareBlue PPO Enhanced Plus Rx 2							\$137.92	\$53.90				•			97	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025	<b></b>	1	ļ	•	<b>!</b>		\$0.00	\$0.00	•	ļ	<b></b>	•	1	ļ	97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1	ļ	1	ļ	•	ļ		\$0.00	-	<b> </b>	ļ			1	ļ		<b></b>
	10. 11. 0. 11.	SecureHorizons Direct Premier Plan 200	1	1	ļ	•	1		\$85.00	-		<u> </u>	<b></b>			ļ		<b></b>
	Sterling Option I	Sterling Option I			l	•			\$9.00	-	<u> </u>				1	l		

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description								•	Cost				Cove	erage		Convenience
			М		ype of Advantage	Plan					D	rug Deduct	ible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
									,				(4255)		,			
PHILLIPS	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1							\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2							\$137.92	\$53.90				•			97	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025			•	•			\$0.00	\$0.00	<u> </u>			-:			97	- :
	Sterling Option I	Sterling Option I	<del>                                     </del>	<del>                                     </del>		•			\$9.00	<b>\$</b> 0.00	<del></del>			•	<del>                                     </del>		51	
PONDERA	Blue Cross and Blue Shield of Montana				_	-			\$30.22	_								
PONDERA	blue Cross and blue Snield of Montana				•													
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2							\$137.92	\$53.90							97	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025			-	•			\$0.00	\$0.00	•			•			97	•
	Sterling Option I	Sterling Option I				•			\$9.00	-								
POWDER RIVER	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential							\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced							\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1							\$124.60	\$40.58				•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2							\$137.92	\$53.90							97	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025	1			•			\$0.00	\$0.00	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
	Sterling Option I	Sterling Option I				•			\$9.00	-								
POWELL	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2							\$137.92	\$53.90				•			97	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	New West Medicare	New West Medicare		•					\$82.00	\$26.63	•			•	•		95	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			\$25.00	-								
		SecureHorizons Direct Premier Plan 200	ļ	ļ		•			\$85.00	-	<b> </b>				ļ			
	Sterling Option I	Sterling Option I				•			\$9.00	-	1				1			

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

	made, plane applicated as a	Description			0001	7.02 0	. 9		,		Cost	,	.00. 00		Cove	erage		Convenience
			М		ype of Advantage	Plan					D	rug Deduc	tible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	НМО	Local PPO	Regional PPO	Private Fee-for- Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
PRAIRIE	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced							\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1							\$124.60	\$40.58							90	•
		MedicareBlue PPO Enhanced Plus Rx 2							\$137.92	\$53.90							97	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
	Sterling Option I	Sterling Option I				•			\$9.00	-								
RAVALLI	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2							\$137.92	\$53.90							97	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	New West Medicare	New West Medicare		•					\$82.00	\$26.63	•			•	•		95	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			\$25.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
	Sterling Option I	Sterling Option I				•			\$9.00	-								
RICHLAND	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
	lleren levere levere	MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025 SecureHorizons Direct Plan 2				•	<u> </u>		\$0.00	\$0.00	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2 SecureHorizons Direct Premier Plan 200	1			•	1	-	\$0.00 \$85.00	-	<del>                                     </del>		1		1			
	Sterling Option I	Sterling Option I	1			•	<del>                                     </del>		\$9.00	-	1				1			
ROOSEVELT	Blue Cross and Blue Shield of Montana								\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1							\$70.80	\$40.58							90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1							\$124.60	\$40.58				•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90							97	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
1	Sterling Option I	Sterling Option I				•			\$9.00	-								

\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Type of Additional Program   Type of Additi		The state of the s	Description					3	-, -   -,		Cost	-,			Cove	erage		Convenience
County   C				М			Plan				D	rug Deduct	ible		Coverage	Offered in		
COSERUD   State Cross and Blue Shield of Montans   MedicareBlue PPO Estended	County	Organization Name	Plan Name	нмо			Fee-for-		Total Premium* (Including Drug	Drug	Zero	Reduced		Tiered Copay- ments for		and	Top 100 Drugs on	
MedianeBlue PPO Elevarida							00.1.00		 ,		2010	rtoddood	(\$200)	2. ago	Oy	Brando	· Ormalary	0110100
MedicareBlue PPO Enhanced Plus R 1	ROSEBUD	Blue Cross and Blue Snield of Montana								-								
MedicareBlue PPO Enhanced Plue Rx 1			MedicareBlue PPO Essential Plus Rx 1			•			\$70.80	\$40.58		•		•			90	•
Numerical Instance Company			MedicareBlue PPO Enhanced			•			\$84.02	-								
Section   Sect			MedicareBlue PPO Enhanced Plus Rx 1						\$124.60	\$40.58				•			90	•
Section   Sect			MedicareBlue PPO Enhanced Plus Rx 2						\$137.92	\$53.90							97	
Starting Option   Starting O		Humana Insurance Company		1			•				•							
MedicareBlue PPO Essential Plus Rx 1							•											
MedicareBlue PPO Enhanced   S84.02	SANDERS	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential						\$30.22	-								
MedicareBlue PPO Enhanced Plus Rx 1			MedicareBlue PPO Essential Plus Rx 1						\$70.80	\$40.58				•			90	•
MedicareBlue PPO Enhanced Plus Rx 2   \$137.92 \$53.90   \$97   \$97   \$98.00   \$97   \$99.00			MedicareBlue PPO Enhanced						\$84.02	-								
Humana Insurance Company   Humana Gold Choice PFES H1804-025			MedicareBlue PPO Enhanced Plus Rx 1						\$124.60	\$40.58				•			90	•
Humana Insurance Company   Humana Gold Choice PFES H1804-025			MadigaraPlus BBO Enhanced Plus By 2						\$127.02	\$52.00				_			07	_
New West Medicare		Humana Insurance Company		1	1	<u> </u>												
SecureHorizons Direct   SecureHorizons Direct Plan 4   \$25.00   .					•		·								•			
Sterling Option   Sterling O							•											
SHERIDAN   Blue Cross and Blue Shield of Montana   MedicareBlue PPO Essential							•			-								
MedicareBlue PPO Essential Plus Rx 1		Sterling Option I	Sterling Option I				•		\$9.00	-								
MedicareBlue PPO Enhanced	SHERIDAN	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential						\$30.22	-								
MedicareBlue PPO Enhanced Plus Rx 1			MedicareBlue PPO Essential Plus Rx 1						\$70.80	\$40.58				•			90	•
MedicareBlue PPO Enhanced Plus Rx 2			MedicareBlue PPO Enhanced			•			\$84.02	-								
Humana Insurance Company			MedicareBlue PPO Enhanced Plus Rx 1						\$124.60	\$40.58				•			90	•
Humana Insurance Company			MedicareBlue PPO Enhanced Plus Rx 2						\$137.92	\$53.90							97	
SecureHorizons Direct   SecureHorizons Direct Plan 1		Humana Insurance Company					•		\$0.00					•				
Sterling Option   Sterling O			SecureHorizons Direct Plan 1						\$0.00	-								
SILVER BOW         Blue Cross and Blue Shield of Montana         MedicareBlue PPO Essential         •         \$30.22         -         90         •           MedicareBlue PPO Essential Plus Rx 1         •         \$70.80         \$40.58         •         •         90         •           MedicareBlue PPO Enhanced         •         \$84.02         -         •         90         •           MedicareBlue PPO Enhanced Plus Rx 1         •         \$124.60         \$40.58         •         •         90         •           MedicareBlue PPO Enhanced Plus Rx 2         •         \$137.92         \$53.90         •         •         97         •           Humana Insurance Company         Humana Gold Choice PFFS H1804-025         •         \$0.00         \$0.00         •         •         97         •		Stading Option I																
MedicareBlue PPO Essential Plus Rx 1         •         \$70.80         \$40.58         •         •         90         •           MedicareBlue PPO Enhanced         •         \$84.02         -         -         -         -         -         90         •           MedicareBlue PPO Enhanced Plus Rx 1         •         \$124.60         \$40.58         •         •         90         •           MedicareBlue PPO Enhanced Plus Rx 2         •         \$137.92         \$53.90         •         •         97         •           Humana Insurance Company         Humana Gold Choice PFFS H1804-025         •         \$0.00         \$0.00         •         •         97         •	-	Sterling Option I	Sterling Option I	1	-	-	•	-	\$9.00	-	-	-						
MedicareBlue PPO Enhanced         •         \$84.02         -         •         90         •           MedicareBlue PPO Enhanced Plus Rx 1         •         \$124.60         \$40.58         •         •         90         •           MedicareBlue PPO Enhanced Plus Rx 2         •         \$137.92         \$53.90         •         •         97         •           Humana Insurance Company         Humana Gold Choice PFFS H1804-025         •         \$0.00         \$0.00         •         •         97         •	SILVER BOW	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential						\$30.22	-								
MedicareBlue PPO Enhanced Plus Rx 1         •         \$124.60         \$40.58         •         •         90         •           MedicareBlue PPO Enhanced Plus Rx 2         •         \$137.92         \$53.90         •         •         97         •           Humana Insurance Company         Humana Gold Choice PFFS H1804-025         •         \$0.00         \$0.00         •         •         97         •			MedicareBlue PPO Essential Plus Rx 1						\$70.80	\$40.58				•			90	•
MedicareBlue PPO Enhanced Plus Rx 2   •   \$137.92 \$53.90 •   •   97 •			MedicareBlue PPO Enhanced			•			\$84.02	-								
Humana Insurance Company         Humana Gold Choice PFFS H1804-025         •         \$0.00         \$0.00         •         97         •			MedicareBlue PPO Enhanced Plus Rx 1						\$124.60	\$40.58				•			90	•
		Humana Insurance Company																
	<b>-</b>			1	1	1		-			•	1		•			91	•

\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Inolades col	Tradis, plans approved as e	igan	izatio	ations, employer sponsored plans, or HCCP Cost Plans.  Cost  Coverage														
		Description	М	Type of Medicare Advantage Plan						Drug Deductible				Type of Coverage	Additional Offered in erage Gap		Convenience	
County	Organization Name	Plan Name	НМО	Local PPO	Regional PPO	Private Fee-for- Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
STILLWATER	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential							\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced							\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1							\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2							\$137.92	\$53.90				•			97	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	New West Medicare	New West Medicare		•					\$82.00	\$26.63	•			•	•		95	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2				•	<u> </u>		\$0.00	-					ļ			
	Storling Option I	SecureHorizons Direct Premier Plan 200				•			\$85.00	-					1			
<del>                                     </del>	Sterling Option I	Sterling Option I	<del>                                     </del>	<b> </b>	-	<u> </u>	1	-	\$9.00	-			1		1			
SWEET GRASS	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	New West Medicare	New West Medicare		•					\$82.00	\$26.63	•			•	•		95	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2				•			\$0.00	-					<u> </u>			
	Sterling Option I	SecureHorizons Direct Premier Plan 200 Sterling Option I				•			\$85.00 \$9.00	-					1			
	Sterling Option 1	Sterling Option 1				·	1		\$9.00	-					1			
TETON	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
	<u> </u>	MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
<u> </u>	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•	<u> </u>		\$0.00	\$0.00	•			•	ļ		97	•
-	Sterling Option I	Sterling Option I		-		•	1		\$9.00	-					-			
TOOLE	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•		-		\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2							\$137.92	\$53.90				•			97	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200	ļ	ļ		•			\$85.00	-								
	Sterling Option I	Sterling Option I	<u> </u>		l	•	<u> </u>		\$9.00	-			l		l .			

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

County   Organization Name   Mark Name			Description		3 -	' ' '		erage		Convenience								
County   C			·	М							Drug Deductible				Coverage Offered in			
MedicareBlue PPO Essential PNs R 1	County	Organization Name	Plan Name	нмо			Fee-for-		Total Premium* (Including Drug	Drug	Zero	Reduced		Tiered Copay- ments for		and	Top 100 Drugs on	Mail Order Offered
Medicarellius PPO Enhanced   S84 02	TREASURE	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential						\$30.22	-								
MedicareBlue PPD Enhanced Plue Rx 1			MedicareBlue PPO Essential Plus Rx 1						\$70.80	\$40.58		•		•			90	•
Without Institute Company   MedicareBlue PPC Enhanced Plus Rx 2   \$137.92   \$53.00   \$1.00   \$97   \$1.00   \$			MedicareBlue PPO Enhanced						\$84.02	-								
Hamana Insurance Company   Hamana Gold Choice PFF H1840405   \$50.00   \$50.00   \$50.00   \$77   \$80.00   \$80.00   \$10.00			MedicareBlue PPO Enhanced Plus Rx 1						\$124.60	\$40.58							90	•
Hamana Insurance Company   Hamana Gold Choice PFF H1840405   \$50.00   \$50.00   \$50.00   \$77   \$80.00   \$80.00   \$10.00			MedicareBlue PPO Enhanced Plus Rx 2						\$137.92	\$53.90							97	
SocureForcross Direct Final 1		Humana Insurance Company					•				•			•				•
Security Option   Setting Option   Set					1	1	•				1	1			1			
VALLEY   Blue Cross and Blue Shield of Montana   MedicareBlue PPO Essential			SecureHorizons Direct Premier Plan 200				•		\$85.00	-								
MedicareBlue PPO Esternial Plus Rx 1		Sterling Option I	Sterling Option I				•		\$9.00	-								
MedicareBlue PPO Enhanced   S84.02   S40.58   MedicareBlue PPO Enhanced Plus Rx 1   S124.60   S40.58   MedicareBlue PPO Enhanced Plus Rx 2   S137.92   S53.30   S50.00   S50.00   S60.00   S60	VALLEY	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential						\$30.22	-								
MedicareBlue PPO Enhanced Plus Rx 1			MedicareBlue PPO Essential Plus Rx 1						\$70.80	\$40.58				•			90	•
MedicareBlue PPO Enhanced Plus Rx 2			MedicareBlue PPO Enhanced						\$84.02	-								
Humana Insurance Company			MedicareBlue PPO Enhanced Plus Rx 1						\$124.60	\$40.58		•		•			90	•
Sterling Option   Sterling O																		•
WHEATLAND   Blue Cross and Blue Shield of Montana   MedicareBlue PPO Essential   .										\$0.00	•			•			97	•
MedicareBlue PPO Essential Plus Rx 1		Sterling Option I	Sterling Option I				•		\$9.00	-								
MedicareBlue PPO Enhanced	WHEATLAND	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential						\$30.22	-								
MedicareBlue PPO Enhanced Plus Rx 1			MedicareBlue PPO Essential Plus Rx 1			•			\$70.80	\$40.58		•		•			90	•
MedicareBlue PPO Enhanced Plus Rx 2			MedicareBlue PPO Enhanced			•			\$84.02	-								
Humana Insurance Company   Humana Gold Choice PFFS H1804-025			MedicareBlue PPO Enhanced Plus Rx 1						\$124.60	\$40.58				•			90	•
SecureHorizons Direct   SecureHorizons Direct Plan 4   \$25.00 -   \$85.00 -		Humana Insurance Company												•				•
SecureHorizons Direct Premier Plan 200   SecureHorizons Direct Plan 100   SecureHorizons D				1							<u> </u>			•			97	•
Sterling Option   Sterling O		Securemonzons Direct				-					-				<u> </u>			
MedicareBlue PPO Essential Plus Rx 1		Sterling Option I																
MedicareBlue PPO Enhanced       •       \$84.02       -       -       90       •         MedicareBlue PPO Enhanced Plus Rx 1       •       \$124.60       \$40.58       •       •       90       •         MedicareBlue PPO Enhanced Plus Rx 2       •       \$137.92       \$53.90       •       •       97       •         Humana Insurance Company       Humana Gold Choice PFFS H1804-025       •       \$0.00       \$0.00       •       97       •         SecureHorizons Direct       SecureHorizons Direct Plan 1       •       \$0.00       -       •       97       •         SecureHorizons Direct       SecureHorizons Direct Plan 10       •       \$0.00       - <t< td=""><td>WIBAUX</td><td>Blue Cross and Blue Shield of Montana</td><td>MedicareBlue PPO Essential</td><td></td><td></td><td></td><td></td><td></td><td>\$30.22</td><td>-</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	WIBAUX	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential						\$30.22	-								
MedicareBlue PPO Enhanced Plus Rx 1			MedicareBlue PPO Essential Plus Rx 1						\$70.80	\$40.58				•			90	•
MedicareBlue PPO Enhanced Plus Rx 2   •   \$137.92 \$53.90 •   •   97 •			MedicareBlue PPO Enhanced						\$84.02	-								
Humana Insurance Company			MedicareBlue PPO Enhanced Plus Rx 1						\$124.60	\$40.58							90	•
SecureHorizons Direct   SecureHorizons Direct Plan 1   • \$0.00 -		Humana Insurance Company																•
SecureHorizons Direct Premier Plan 200 • \$85.00 -				1	1	1		1			•	<b> </b>	1	•	1		97	•
	-	Securemonzons Direct		1	1			-					1	ļ	<del>                                     </del>			
		Sterling Option I	Sterling Option I	<del>                                     </del>	<del>                                     </del>	-	:	1	 \$85.00	-	-	-	1	-	<del>                                     </del>			

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

	· · · · · ·	Description									Cov	erage		Convenience			
	Organization Name	Plan Name	Type of Medicare Advantage Plan							Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County			нмо		Regional PPO	Private Fee-for- Service		Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
YELLOWSTONE	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential						\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1						\$70.80	\$40.58				•			90	•
		MedicareBlue PPO Enhanced						\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1						\$124.60	\$40.58							90	•
		MedicareBlue PPO Enhanced Plus Rx 2						\$137.92	\$53.90	•						97	•
		Humana Gold Choice PFFS H1804-025				•		\$0.00	\$0.00	•			•			97	•
	New West Medicare	New West Medicare		•				\$82.00	\$26.63	•			•	•		95	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•		\$25.00	-								
		SecureHorizons Direct Premier Plan 100				•		\$95.00	-								
	Sterling Option I	Sterling Option I				•		\$9.00	-								
	Sterling Partners - Montana	Sterling Partners- Montana				•		\$36.00	\$36.00		•		•			95	•
YELLOWSTONE NATL PARK	Blue Cross and Blue Shield of Montana	MedicareBlue PPO Essential						\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1						\$70.80	\$40.58				•			90	•
		MedicareBlue PPO Enhanced						\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1						\$124.60	\$40.58							90	•
		MedicareBlue PPO Enhanced Plus Rx 2						\$137.92	\$53.90	•						97	•